

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE TXW	2. PERSON REPRESENTED NAVARRETTE, MARK			VOUCHER NUMBER 2014062696
3. MAG. DKT./DEF. NUMBER 7:14-000257-001	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER FILED	
7. IN CASE/MATTER OF (Case Name) US v. NAVARRETTE	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case JUL 16 2014 CLERK, U.S. DISTRICT COURT BY DEPUTY WESTERN DISTRICT OF TEXAS CJA	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A=CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS FIVECOAT, RAYMOND K LAW OFFICE OF RAYMOND K. FIVECOAT, P.C. SUITE 811 214 WEST TEXAS AVENUE MIDLAND TX 79701 Telephone Number: (432) 620-8774		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) LAW OFFICE OF RAYMOND K FIVECOAT PC ATTN: RAYMOND K. FIVECOAT SUITE 811 214 W TEXAS AVE MIDLAND TX 79701		Signature of Presiding Judicial Officer or By Order of the Court 07/15/2014 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
CLAIM FOR SERVICES AND EXPENSES				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY
15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets)				
(Rate per hour = \$)		TOTALS:		
16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets)				
(Rate per hour = \$)		TOTALS:		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
18. Other Expenses (other than expert, transcripts, etc.)				
GRAND TOTALS (CLAIMED AND ADJUSTED):				
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.				
Signature of Attorney: _____ Date: _____				
APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE